

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41270

State File No. ....

0490  
3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5588</u>		Registrar's No. <u>220</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Calif</u> b. COUNTY <u>LA</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Hwy 166)</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Huntington Park 8</u>			
c. LENGTH OF STAY (In this place) <u>✓</u>				d. STREET ADDRESS (If rural give location) <u>Calif</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway 166 accident</u>							
3. NAME OF DECEASED a. (First) <u>Velma Irene</u> b. (Middle) <u>Ward</u> c. (Last) <u>Ward</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22-50</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 22-30</u>	
9. AGE (In years last birthday) <u>20</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio Technician</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Televison Mc Donough Co. Ill</u>			
11. BIRTHPLACE (State or foreign country) <u>Ill</u>				12. CITIZEN OF WHAT COUNTRY? <u>Ill</u>			
13a. FATHER'S NAME <u>Orville Barberie</u>		13b. MOTHER'S MAIDEN NAME <u>Esther L. McPherson</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Ward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>545-40-6227</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Ward, Dallas Ill</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock, severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral contusion and concussion -</u> DUE TO (c) <u>Fracture of right femur</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8, 816 1/2</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs -</u> <u>2 hrs -</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 166</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Sarcoxie Twnshp. Jasper Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/22/50 7a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck + auto collision</u> <u>049</u>			
22. I hereby certify that I attended the deceased from <u>12/22</u> , 19 <u>50</u> , to <u>12/22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/22</u> , 19 <u>50</u> , and that death occurred at <u>9:54 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles R. Schell M.D.</u>				23b. ADDRESS <u>201 20. 3rd, Carthage, Mo.</u>		23c. DATE SIGNED <u>12/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carthage Ill</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage Ill</u>	
DATE REC'D BY LOCAL REG. <u>12-26-50</u>		REGISTRAR'S SIGNATURE <u>L.B. Clinton, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson &amp; Sons, Sarcoxie Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-2-51  
Jasper County Health Office

County File Number 50-12-957

Date Filed 1-2-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. 2112

working under my personal supervision.

Signed Wm K Jackson

Signed .....  
Student Embalmer

Licensed Embalmer No. 3954

P. O. Address Lansing MI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.